

ISSUE SLIP STATE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JS		8-29-01
O.I.P.E. CLASSIFIER		17	9-10-01
FORMALITY REVIEW	KD	114	10-03-2001
RESPONSE FORMALITY REVIEW	T2	947	03/2/02

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

BEST AVAILABLE COPY

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If more than 150 claims or 10 actions  
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